



**Arizona Department of Health Services
Bureau of EMS & Trauma System / Bureau of Public Health Statistics
Trauma Registry Users Group (TRUG)**

Trauma Registry Users Group (TRUG) Meeting Minutes

Tuesday, March 25, 2008 9:00 a.m. – 11:00 a.m.

Location: Arizona Dept. of Health Services

150 North 18th Avenue Phoenix AZ 85007

5th Floor – 540A Conference Room

Contact: Anita Ray Ng 602-542-1245 Hraya@azdhs.govH

Attendees:

Bill Ashland	Diana Bencomo	Paul Bowlby	Vicki Conditt	Dawn Christean
Lillian Duncan	Pam Goslar	Starre Haney	Claire Holmes	Ann Hoover
Xan Hummel	Rose Johnson	Tara Kennedy	Alice Magno	Cynthia Marks
Beth Mlenar	Melissa Moyer	Angela Parker	Donna Quay	Anita Ray Ng
Genia Sims	Philomene Spadafore	Erzsebet Szabo	Linda Tuck	David Villa
Cristina Wong	Georgia A. Yee	Heather Young		

A) Education/Training

- 1) Trauma One Report Writing Trainings
 - a) The Beginning Trauma One software training was held March 24, 2008. Beginning software training went well. 27 participants attended.
 - b) Advanced Trauma One software training – April 2008. Confirming the dates of April 28-29. Recommendation was made to investigate Lancet's ability to offer online training options.
- 2) Reporting / PI Workshop this afternoon, March 25th. Workshop is designed for hospital staff involved in reporting, quality assurance, and performance improvement.
- 3) Status of ICD-9-CM Injury Diagnoses & E-code workshop – TENTATIVE May 20-21 with consultant Gerry Berenholz. The Bureau of EMS has sent in a request to pay for 25 attendees. This training is tentative, pending contract approval. More information will be emailed.

B) Status of 2008 database changes

- 1) Reminder: Your hospital staff are responsible for reviewing your hospital database to ensure that the State required data elements match the specifications of the ASTR data dictionary.
 - a) Status updates (as reported by hospital staff): Yuma Regional – need a few glitches fixed. John C Lincoln – no problems reported. Flagstaff – 2008 changes are pending. Scottsdale Osborn – problem with AIS and ICD-9 codes, will talk to Lancet. Maricopa Medical – no problems reported. St. Joseph's – up and running, still fixing a few glitches. Banner Good Samaritan – waiting for recent picklist updates and has some glitches to fix. Phoenix Childrens – no problems reported. Yavapai Regional – no problems reported. UMC – still have the old AIS / ICD-9 set-up, but are supposed to get update from Lancet tomorrow.

C) 2008 Data Validation Tool – Trauma Registry Manager will begin documentation to provide to Lancet.

- D) Reminder on reporting:** Reporting data from multiple ED Arrival years requires special attention to our 2008 changes. The ASTR Data Dictionary provides both the "short text" (system code stored in the database) and the "long text" (what you see on the data entry display). Trauma One runs its report queries based on system codes, so be very careful in reporting. Many of the codes had to be changed for 2008 to allow users to enter both 2007 and 2008 choices. When you are running reports using data from 2007 prior or for multiple years,

it is very important to take out the data dictionary for each year and make sure that your report accounts for all of the codes that apply to what you are querying.

E) National Trauma Data Standard (NTDS) / National Trauma Data Bank (NTDB)

- a) Clarification has been received from NTDS on some outstanding questions. Any differences between ASTR data requirements and NTDS requirements will be handled at NTDS export. Trauma Registry Manager is working on an ASTR-NTDS comparison to provide to software vendors and hospitals.
- b) Below are the Alcohol and Drug Use choices. NTDS does not have suspected categories. We will keep these on our list for now and discuss again in 2009 to see how useful these categories are.

(i) Alcohol Use Indicator

NOT_SUSPECTED	NO- not suspected
CONFIRMED_NONE	NO- confirmed by test
SUSPECTED	Suspected use, not tested
PT REPT_NO TEST	Patient reported use, not tested
BELOW_LEGAL_LMT	YES- confirmed by test, under legal limit (NTDB trace level)
ABOVE_LEGAL_LMT	YES- confirmed by test, beyond legal limit

(ii) Drug Use Indicator

NOT_SUSPECTED	NO- not suspected
CONFIRMED_NO	NO- confirmed by test
SUSPECTED	Suspected use, not tested
YES_LEGAL_USE	YES- confirmed by test, legal use prescription drug
YES_ILLEGAL_USE	YES- confirmed illegal use drug or illegal use prescription
YES_LGL+ILLEGAL	YES- confirmed legal AND illegal use drugs

- (iii) Total Ventilator Days – NTDS initially responded that ALL vent days must be submitted, even if initiated only for an OR procedure. Trauma Registry Manager forwarded responses from AZ TRUG members that questioned this decision. NTDS agreed to change the definition. The revised NTDS data dictionary is not out yet, but their instructions will be something similar to: “Includes all mechanical ventilation time, except mechanical ventilation initiated solely for an OR procedure.” TRUG discussion was held and it was decided to accept this definition. All other mechanical ventilation time (except that initiated solely for an OR procedure) will be entered, including ED ventilation. Do not include vent time for organ harvesting, as patient would already be expired at that point.

(iv) Procedures to report to NTDB

- (a) For procedure location, please be sure to select “REFERRING FACILITY” for any location in the referring hospital. Procedure location choices of ED, OR, ICU, etc. all refer to procedure locations performed at your hospital (the reporting hospital). This is very important for NTDS export.

- (v) NTDS is revising their data dictionary again soon.* It will be posted at:

<http://www.ntdsdictionary.org/dataElements/datasetDictionary.html>

*There are some AZ data elements that will be different than NTDS. Please remember: **If there is a difference between the NTDS dictionary and the ASTR dictionary, please follow the ASTR STANDARDS. The export to NTDS will take into account any differences.**

2) 2008 Data Entry Reminders / Clarifications / Frequently Asked Questions:

- a) ED/Hospital Arrival Date & ED/Hospital Arrival Time must be entered for all records and cannot be flagged as Not Documented or Not Applicable. Field is used to calculate ED LOS and Total Hospital LOS. Always select ED ENTRY DATE when sending your ASTR data export. The default export of ADMIT DATE will not send all cases, due to N/A field responses.
- b) Data entry of the System Access field is based on 2008 Trauma Patient Inclusion Criteria. Please select ALL that apply.

- c) Protective Devices – “Not Applicable” is no longer accepted for 2008 ASTR data entry. Use “NONE” instead. This will make the state data cleaner for reporting purposes. Protective Devices are typically queried based on the type of injury event using None should not affect reporting.
- d) Prehospital Section important points:
 - (i) Please enter a separate entry for each EMS care and prehospital transport.
 - (ii) Transport Type - Every record should have one EMS entry pertaining to how the patient arrived at your facility, even if patient did not arrive by EMS transport and even if run sheet is unavailable. This field will be very important in the NTDS export. Every record must have this entry listed once.
 - (iii) All Prehospital transports are now captured in the prehospital transport section, including those from a Referring Facility to your hospital. **Prehospital = before patient arrived at YOUR hospital.** Transports out of your ED or hospital are entered in the ED exit or hospital discharge section.
 - (iv) Run Sheet Available? – “Received but INCOMPLETE” – Discussion was held regarding the definition of “incomplete”. Decision was made that “incomplete” means the run sheet does not contain sufficient information for the trauma registrar to enter all of the ASTR prehospital data elements. Every EMS provider uses a different run sheet and have different requirements. EMS providers are not mandated to submit data. State prehospital data collection is being discussed but is not currently set up. This field will help ASTR determine if the prehospital data elements are typically available for registrars to complete their abstraction.
 - (v) Reminder on EMS Agency – It is important to select from the appropriate sub-picklist (EMS Transporter or EMS 1st Response Non-Transport). Transport agency codes for the same agency will be different if that agency acted as a Transporter or First Responder. If the agency acted as both the First Responder and the Transporter, please select the agency from the Transporter list. EMS Agencies on the Transport list (other than IHS) have CON licenses through the Bureau of EMS. Please also pay attention to the data dictionary notes regarding Fire Departments that are not CON holders.
- e) Zip Codes – Lancet was notified that we needed an update file. Hospitals should have a new list.
- f) AIS 2005 picklist – Several codes were missing from the original AAAM file. An updated file was recently received and Lancet is installing this at all hospitals.
- g) Hospital systems should now have separate AIS 2005 and ICD-9-CM diagnoses with separate Injury Severity Scores. Hospital reporting of ISS scores may be affected – talk to Lancet about data options.
- h) ICD-9-CM coding questions – will be discussed further at training workshop.
- i) Co-Morbidities / Complications – Within the last few weeks, NTDS updated their data dictionary to request Not Applicable for patients that have absolutely no co-morbidities or complications. The ASTR data dictionary was written to select option #1 if no NTDS conditions applied, so the data for first quarter 2008 was entered differently. Anita will contact NTDS to clarify this recent data dictionary change and a decision will be made on the change.
 UPDATE AFTER TRUG MEETING: NTDS does request N/A for patients with no conditions, but the decision was made that we are already too far into data entry to make this change for 2008. Please continue to enter these fields according to the ASTR Data Dictionary. This item will be added to the discussion list for 2009 data entry. Clarifications to the data entry process will continue to be addressed, but no more data entry changes will be made to the 2008 ASTR data dictionary.
- j) Airbag Deployment – Please make sure that your airbag field is now multiple entry. We added a Type Not Specified option per TRUG request. This is not an NTDS choice and will be handled at export.
- k) Please check your LOS calculations to make sure they match the ASTR data dictionary.
- l) Financial data – Total Charges and Reimbursements are required for 2008. Blank or Not Documented on all fields will not be accepted. The first submission of a record should contain the original financial information. On your next quarterly submission, please send the financial updates.
- m) State Patient – Yes/No – Please make sure that all state patients are marked as YES and that your export sends only the Yes patients. If you capture non-ASTR records in your database, the registrar can mark them as No and they will not be exported.

F) Further questions or concerns? None reported.

G) Future TRUG meetings are scheduled for July 22, 2008 and October 23, 2008. Agendas will come by email.

HOSPITAL REPORTING / PI WORKSHOP**Trauma Registry Users Group (TRUG)****Tuesday, March 25, 2008 noon – 3:30 p.m.****Location: Arizona Dept. of Health Services****150 North 18th Avenue Phoenix AZ 85007****5th Floor – 540A Conference Room**

Reporting / PI Workshop Attendees:

Bill Ashland	Paul Bowlby	Leon Bowman	Jane Burney	Vicki Conditt
Dawn Christean	Pam Goslar	Michelle Guadnola	Ann Hoover	Xan Hummel
Rose Johnson	Tara Kennedy	Alice Magno	Cynthia Marks	Beth Mlenar
Melissa Moyer	Donna Quay	Sarah Regester	Anita Ray Ng	Genia Sims
Philomene Spadafore	Erzsebet Szabo	David Villa	Cristina Wong	Linda Worthy
Georgia A. Yee	Heather Young			

A Hospital Reporting / PI workshop was held after the morning TRUG meeting. St. Joseph's Hospital and University Medical Center started the meeting by sharing information on their PI process and providing information on feedback they had received from the American College of Surgeons (ACS). Other hospitals asked questions and also added comments regarding their PI process. Leon Bowman from Lancet Technology led the rest of the meeting. He presented sample PI screens from other registries around the country so that Arizona hospitals could get ideas on how other hospitals have customized their PI data entry process. He also explained common PI reporting options and demonstrated how to use Issue Filter Reports and Shadow Variables to make PI reporting and other numerator/denominator reports much easier.

Please contact Lancet for more information on customizing your PI screen and/or creating PI reports. Thank you to Lancet Technology for helping us with this workshop.